

**CITY OF SAN ANTONIO  
DEVELOPMENT SERVICES DEPARTMENT  
ON-PREMISE SIGN PERMIT APPLICATION**

Date: \_\_\_\_\_ Circle One:      NEW                      EXISTING

**Sign Address:** \_\_\_\_\_ **Bldg.:** \_\_\_\_\_ **Suite:** \_\_\_\_\_

Business Name of above address: \_\_\_\_\_

Street Classification:              \_\_\_\_\_ Commercial Collector              \_\_\_\_\_ Expressway  
   \_\_\_\_\_ Arterial A                              \_\_\_\_\_ Arterial B                      \_\_\_\_\_ Local

Type of sign:              \_\_\_\_\_ Wall Mount              \_\_\_\_\_ Neon              \_\_\_\_\_ Other  
   \_\_\_\_\_ Free Standing              \_\_\_\_\_ Channel Letters              \_\_\_\_\_

Fee standing sign(s) Overall Height: \_\_\_\_\_ No. of sign faces: \_\_\_\_\_  
Sign face sizes: a) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      b) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      c) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
                                 d) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      e) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      f) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Other: \_\_\_\_\_

<b>Sign Inspection Fee:</b>	<b>\$ 20.00</b>	<b>QTY</b>	<b>TOTAL</b>
1. Less than 32 sq. ft.	10.80	_____	_____
2. Over 32 sq. ft.	.22/each sq. ft over	_____	_____
3. Gas Tube/electric	10.80	_____	_____
4. Incandescent signs	5.40 + .22/socket	_____	_____
5. Sign height	2.00/ft	_____	_____

Approved By: \_\_\_\_\_ Total: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + 3% Technological Fee  
+ 3% Development Services Fee = \_\_\_\_\_

**Escrow Payment:    YES    NO    (circle one)**

For free standing signs, a site plan drawn to scale showing the location of sign(s), existing or proposed buildings, required setbacks, spacing and any easements. For attached signs, building elevations showing the total wall area (sq. ft.) and proposed attached signage (sq. ft.). Two sets of drawings shall be submitted with this application. Applications should contain information necessary to show compliance with the City Code.

Master/Authorized Agent: \_\_\_\_\_ Lic. No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Customer No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Brief description of work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY:**

THIS APPLICATION MUST BE COMPLETED WHEN REQUESTING PERMIT  
DOUBLE FEE FOR FAILURE TO OBTAIN PERMIT BEFORE STARTING WORK

**PICK UP PERMIT AT: VALLEY VIEW              McCRELESS    SOUTH PARK    LAS PALMAS    DOWNTOWN**

**(circle one)**